Membership Form
(1 September 2025 - 31 August 2026)

Date: _____

Organization Name

Organization ECOSOC Status: General Special Roster DPI None

Representative's Name

Representative's E-Mail

Phone Number

Address

Regional Focus _____

Issue Focus

_____

DESCRIPTION	**AMOUNT**
Membership dues	__$50__
Donation	_____
Total	======

Please make check payable to: NGO Committee on Migration
C/O Nermin K. Ahmad, Treasurer
125 W 110th Street, Unit 7B,
New York, NY, 10026

_____

NGO Committee on Migration

Received from

Name of Person Providing the Dues Organization's Official Name

Sum of $ Cash_____ Check#_____

Signed _____ Date _____
Treasurer

www.ngo-migration.org ngomigrationcommittee@gmail.com